

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

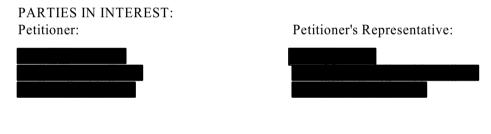
MDD/160338

PRELIMINARY RECITALS

Pursuant to a petition filed April 15, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Sheboygan County Department of Human Services in regard to Medical Assistance, a hearing was held on October 30, 2014, at Sheboygan, Wisconsin.

The issue for determination is whether Petitioner is disabled and therefore eligible for Medical Assistance.

There appeared at that time and place the following persons:



Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703 By: No Appearance

ADMINISTRATIVE LAW JUDGE:

Corinne Balter Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner is a resident of Dodge County.
- 2. Petitioner applied for Medicaid on January 14, 2014. Petitioner did not allege a disability onset date in his Medicaid application. The application was forwarded to the Disability Determination Bureau (DDB). The DDB found that Petitioner was not disabled as the Medicaid program uses

- that term. The DDB so notified the Petitioner via letter dated March 15, 2014. The Petitioner sought reconsideration on April 10, 2014, but the DDB affirmed its original determination.
- 3. Petitioner has applied for the Social Security Administration's (SSA) SSI and/or SSDI, but was denied. The most recent denial was on August 26, 2014. Petitioner testified that he is in the process of appealing that denial.
- 4. Petitioner is currently has medical coverage through BadgerCare.

DISCUSSION

A person between ages 18 and 65, with no minor children, must be blind or disabled to be eligible for MA. A finding of disability must be in accordance with Federal Social Security/SSI standards. *See Wis. Stats. §49.47(4)(a)4.* Because the standards are the same, a finding of no disability for Social Security/SSI purposes made within 12 months of the MA application is binding on a State Medicaid (MA) agency. Exceptions may occur only if certain conditions exist. Specifically, the Division of Hearings and Appeals has no authority to find a Petitioner disabled unless he or she:

- (i) Allege[s] a disabling condition <u>different from</u>, <u>or in addition to</u>, that considered by SSA in making its determination; <u>or</u>
- (ii) [The MA application is more than 12 months after the most recent SSA determination]; or
- (iii) Alleges less than twelve months after the most recent SSA determination denying disability that his or her condition has changed or deteriorated since that SSA determination, alleges a new period of disability which meets the original durational requirements of the Act, and
 - (A) Has applied to SSA for reconsideration or reopening of its disability decision and SSA refused to consider the new allegations.

42 CFR 435.541(c)(4)(emphasis added).

Here Petitioner has applied for Social Security Administration (SSA) benefits and has been denied those benefits. Petitioner's Medicaid application is within 12 months of the most recent SSA denial. Thus the Division of Hearings and Appeals does not have the authority to make a finding as to Petitioner's disability.

Despite the above, it was noted at the hearing that Petitioner had medical coverage. As a practical matter a State MA determination is not particularly helpful for this petitioner who is already receiving medical coverage through BadgerCare.

CONCLUSIONS OF LAW

That the Division of Hearings and Appeals does not have the authority to make a determination the merits of Petitioner's Medicaid disability based application where there is a Social Security Administration denial of disability within 12 months of the Medicaid application.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee, Wisconsin, this 3rd day of November, 2014

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals

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State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on November 3, 2014.

Sheboygan County Department of Human Services Disability Determination Bureau ssamsa@hrserase.com